

General Agent Center

National States List Bill Submission Form

(Complete in Full)

GENERAL INFORMATION

Name of Business/Organization _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Nature of Business _____

How long must employees be employed to be eligible (waiting period)? _____

Is your business covered by Workers' Compensation or similar laws? _____ (If no, do not write UAC or UAS policies.)

Total Number of Eligible Full Time Employees: _____ Number of Full Time Employees: _____

Is coverage sold to be included in a Section 125 Plan: Yes No

Description of products offered: _____

Special billing instructions: _____

Date first payment will be made: _____

BILLING INSTRUCTIONS

Deductions will Begin: (Month/Day/Year) _____ Must Receive First Billing By: (Month/Day/Year) _____

Contact Person: _____ Phone () _____

Billing sequence will be by policy number.

Send Billings To: (If different than above) _____

AGENT INFORMATION

Agent Name: _____ Agent Number: _____

Agency Name: _____ Phone () _____

Address: _____ City _____ State _____ Zip _____

AUTHORIZATION

This Agreement authorizes the contact of employees/members of this business/organization concerning insurance billed by National States. Authorization is given to send billings to the location named above. The responsibility of assuring that premiums have been remitted to National States on behalf of their employee/member is that of the business/organization named above.

Either the business/organization or National States may, upon reasonable notice to the other, terminate this Agreement, in which event the payment of premiums will be a matter of accounting directly between each employee/member and National States.

Signature (Authorized Officer) _____ Print _____

Insurance Representative _____ Date _____

Employer may be subject to certain State and/or Federal Employment related laws (including, but not limited to: ERISA; IRC Section 125 and COBRA) and is solely responsible for compliance with these laws.